



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of:

DECISION

FCP/168741

On September 17, 2015, the above-named petitioner requested a Hearing. At the time set for the Hearing on October 29, 2015, the parties reached a stipulated agreement. Care Wisconsin was represented by [REDACTED], Social Worker. The stipulated agreement follows:

Care Wisconsin agrees to withdraw its *Notice of Denial of Medical Coverage* dated August 20, 2015 and continue to pay for petitioner to reside at the Skilled Nursing Facility ["SNF"] where she is currently residing.

Care Wisconsin will take the above agreed-upon action within ten (10) days of the date this stipulation is issued.

NOW, THEREFORE, it is

ORDERED

That the matter be REMANDED to Care Wisconsin with instructions to take, within 10 days of the date of this *Decision*, all administrative steps in accordance with the above stipulation.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES OF INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wisconsin Statutes § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed no more than 30 days after the date of this hearing decision (or 30 days after a denial of a rehearing, if you ask for one).

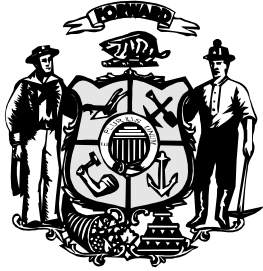
For purposes of appeal to Circuit Court, the respondent in this matter is the Department of Health Services. Appeals must be served on the Office of the Secretary of that Department, either personally or by certified mail no more than 30 days after the date of this hearing decision. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin, 53703.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wisconsin Statutes §§ 227.52 and 227.53.

Given under my hand at the City of
Madison, Wisconsin, this 5th day of
November, 2015

\sSean Maloney
Administrative Law Judge
Division of Hearings and Appeals

cc:



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on November 5, 2015.

Care Wisconsin First, Inc
Office of Family Care Expansion
Health Care Access and Accountability